



1630 ADMINISTRATIVE STANDARDS

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INITIAL
EFFECTIVE DATE: 10/01/2004

Administrative responsibilities related to case management of enrolled members include the following:

- **CASE MANAGER QUALIFICATIONS**

Individuals hired as case managers must be either:

A degreed social worker

A licensed registered nurse, OR

A person with a minimum of two years experience in providing case management services to persons who are elderly and/or persons with physical or developmental disabilities.

- **CASE MANAGEMENT PROCEDURES**

Contractors are responsible for maintaining case management procedures that are reflective of AHCCCS policy, as defined in this Chapter.

Contractors may develop their own standardized forms and tools for assessing and recording information regarding members' needs and services. However, all Contractors must utilize the standardized format for the member service plan found in Exhibit 1620-13.

Refer to Exhibit 1630-1 for guidelines to be used in developing and implementing an assessment tool or process for attendant care, personal care and/or homemaker services.



● **TRAINING**

Case managers must be provided with adequate orientation and ongoing training on subjects relevant to the population served by the Contractor. Documentation of training dates and staff attendance as well as copies of materials used must be maintained.

- A. Contractors must ensure that there is a structure in place to provide uniform training to all case managers. This plan should include formal training classes as well as mentoring-type opportunities for newly hired case managers.
- B. Newly hired case managers must be provided orientation and training in a minimum of the following areas:
 - 1. The role of the case manager in utilizing a member-centered approach to ALTCS case management, including involving the member and their family in decision-making and service planning
 - 2. The principle of most integrated, least restrictive settings for member placement
 - 3. Member rights and responsibilities
 - 4. Case management responsibilities as outlined in this Chapter
 - 5. Case management procedures specific to the Contractor
 - 6. An overview of the AHCCCS/ALTCS program
 - 7. The continuum of ALTCS services, including available service settings and service restrictions/limitations
 - 8. The Contractor provider network by location, service type and capacity. Included in this should be information about community resources for non-ALTCS covered services.
 - 9. Responsibilities related to monitoring for and reporting of quality of care concerns, including, but not limited to, suspected abuse, neglect and/or exploitation
 - 10. General medical information, such as symptoms, medications and treatments for diagnostic categories common to the ALTCS population service by the Contractor



11. General social service information, such as family dynamics, care contracting, dealing with difficult people
 12. Behavioral health information, including identification of behavioral health needs, covered behavioral health services and how to access those services within Contractor's network
 13. Pre-Admission Screening and Resident Review (PASRR) process
 14. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) standards for members under the age of 21, and
 15. ALTCS management information system (CATS) that maintains member-specific data such as Cost Effectiveness Studies, Placement/Residence codes, behavioral health codes, review dates and, for Tribal Contractors, service authorizations. The level of orientation to CATS will be dependent on the level of usage by the Contractor case managers.
- C. All case managers must be provided with regular ongoing training. The following are examples of topics that could be covered:
1. Policy updates and refresher training for areas found deficient through the monitoring process
 2. Interviewing skills
 3. Assessment/observation skills
 4. Cultural competency
 5. Medical/behavioral health issues, and/or
 6. Medications.
- D. Training may also be provided by external sources, for example:
1. Consumer advocacy groups
 2. Providers (for example, medical or behavioral health), and
 3. Accredited training agencies.



● **CASELOAD MANAGEMENT**

Adequate numbers of qualified and trained case managers must be provided to meet the needs of enrolled members.

Contractors must have written protocols to ensure newly enrolled ALTCS members are assigned to a case manager immediately upon enrollment.

Elderly and/or Physically Disabled (E/PD) members.

Each case manager's caseload must not exceed a weighted value of 96. The following formula represents the maximum number of members allowable per E/PD case manager:

- A. For institutionalized members, a weighted value of **0.8** is assigned. Case managers may have up to 120 institutionalized member ($120 \times 0.8 = 96$).
- B. For HCBS (own home) members, a weighted value of **2.0** is assigned. Case managers may have up to 48 HCBS members ($48 \times 2.0 = 96$).
- C. For assisted living facility (ALF) members, a weighted value of **1.6** is assigned. Case managers may have up to 60 ALF members ($60 \times 1.6 = 96$).
- D. For Acute Care Only (ACO) members, a weighted value of **1.0** is assigned. Case managers may have up to 96 ACO members ($96 \times 1.0 = 96$).
- E. If a mixed caseload is assigned, there can be no more that a weighted value of 96. The following formula is to be used in determining a case manager's mixed caseload:

$$\begin{aligned} &(\# \text{ of HCBS members} \times 2.0) \\ &+ \\ &(\# \text{ of ALF members} \times 1.6) \\ &+ \\ &(\# \text{ of ACO members} \times 1.0) \\ &+ \\ &\underline{(\# \text{ of NF members} \times 0.8)} \\ &96 \text{ or less} \end{aligned}$$

- F. **Developmentally Disabled members** – Each case manager's case load must not exceed an average ratio of 1:40 members, regardless of setting.



Caseload Exceptions – Program Contractors must receive authorization from AHCCCS/Division of Health Care Management prior to implementing caseloads whose values exceed those outlined above. Lower caseload sizes may be established at the discretion of the Contractor and do not require authorization.

The Contractor's annual Case Management Plan must describe how caseloads will be determined and monitored.

- **ACCESSIBILITY**

Members and/or member representatives must be provided adequate information in order to be able to contact the case manager or Contractor office for assistance, including what to do in cases of emergencies and/or after hours.

A system of back-up case managers must be in place and members who contact an office when their primary case manager is unavailable must be given the opportunity to be referred to a back-up for assistance.

There must be a mechanism to ensure members, representatives and providers are called back in a timely manner when messages are left for case managers.

- **TIME MANAGEMENT**

Contractors must ensure that case managers are not assigned duties unrelated to member-specific case management for more than 15% of their time if they carry a full caseload.

- **TECHNICAL**

Contractors will establish a mechanism to ensure that CATS data is entered accurately and within established timeframes (14 business days of the date the action took place).

Contractors must ensure that case managers do not provide direct, reimbursable services to ALTCS members enrolled with the Contractor.



- **SUPERVISION**

A supervisor to case manager ratio must be established that is conducive to a sound support structure for case managers. Supervisors must have adequate time to train and review the work of newly hired case managers as well as provide support and guidance to established case managers.

A system of internal monitoring of the case management program, to include case file audits and reviews of the consistency of member assessments and service authorizations, must be established and applied, at a minimum, on a quarterly basis. Results from this monitoring, including the development and implementation of continuous improvement strategies to address identified deficiencies, must be documented and made available to AHCCCS upon request.

- **INTER-DEPARTMENTAL COOPERATION**

The Contractor should establish and implement mechanisms to promote coordination and communication across disciplines and departments within their own organization, with particular emphasis on ensuring coordinated approaches with medical management and quality management.

The Contractor should ensure the Medical Director is available as a resource to case management and that s/he is advised of medical management issues as needed.

- **REPORTING REQUIREMENTS**

A Case Management Plan must be submitted annually to AHCCCS on or before November 15th by all Program Contractors. Tribal Contractors are not required to submit a plan. The plan must address how the Program Contractor will implement and monitor the case management and administrative standards outlined in this Chapter, including specialized caseloads.

An evaluation of the Contractor's Case Management Plan from the previous year must also be included in the plan, highlighting lessons learned and strategies for improvement.